



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Cheannaire Oibríochtaí,  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
31-33 Sráid Chaitríona, Luimneach.

Office of the Head of Operations,  
Disability Services/Community Operations,  
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

Suíomh Gréasáin/Website: <http://www.hse.ie>

16<sup>th</sup> September 2020

Deputy David Cullinane,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
e-mail: [david.cullinane@oireachtas.ie](mailto:david.cullinane@oireachtas.ie)

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary questions, which were submitted to this department for response.

**PQ 21132/20**

*To ask the Minister for Health the estimated cost of addressing inconsistencies of service in respite care provision of clearing waiting list backlogs and of delivering a consistent service nationwide; and if he will make a statement on the matter.*

**PQ 21387/20**

*To ask the Minister for Health the estimated additional capacity an increase of €10 million in respite care services would provide; and if he will make a statement on the matter.*

**PQ 21388/20**

*To ask the Minister for Health the number of overnight respite stays provided for each €1 million additional spend provided by his Department*

**PQ 21389/20**

*To ask the Minister for Health the estimated additional volume of respite in the home provided for every €1 million additional spend provided by his Department by the number of hours and days provided and the number of beneficiaries; and if he will make a statement on the matter.*

**HSE Response**

**Respite Services**

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user, the family and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability.



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

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The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities, including the impact the absence of respite service provision can have on other services.

Please see Table below which outlines the number of overnight respite hours and day only sessions accessed by around 6,000 children and adults with a disability to end of 2019.

No. of overnights (with or without day respite) accessed by people with a disability		No of day only respite sessions accessed by people with a disability	
<b>National Total</b>	<b>158,441</b>		<b>35,861</b>
CHO 1	6,040		6,887
CHO 2	36,484		6,491
CHO 3	14,598		6,246
CHO 4	21,780		2,827
CHO 5	11,688		3,021
CHO 6	12,019		3,095
CHO 7	22,489		2,378
CHO 8	19,033		1,290
CHO 9	14,310		3,626

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as,

- an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase;
- increasing levels of complexity across the sector due to better and improved health care;
- an increase in the age of people with a disability resulting in people presenting with “changing needs”.

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.

A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer allowed within a residential setting e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

### Waiting List for Respite Services

Allocation of respite hours is based on the individual's needs and circumstances. There is no centrally maintained waiting list for respite services, however the local HSE areas are aware of the need and requirements in their areas and work with the local Services Providers with a view to responding to the level of presenting needs within the resources available.

## 2020 Developments

The need for increased respite facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need. Prior to the public health emergency with regard to COVID-19 and in accordance with the National Service Plan 2020, the HSE was committed to provide 33,712 day only respite sessions and 166,183 nights (with or without day respite) to people with disabilities in 2020. In addition, the HSE will provide 144 intensive transitional support packages for children and young people with complex / high support needs, which will include planned residential respite interventions and access to planned extended day / weekend and summer day based activities.

### Cost of increasing respite care service provision

The manner in which funding is allocated/distributed allows for a distinction between broad categories of funding such as services for older people, primary care and disabilities in general. Disability services are provided based on the needs of an individual rather than by the actual type of disability or service required. Funding allocated to respite services is not routinely collated and aggregated into a statistical profile, however, in 2018, the Minister for Health announced an additional €10 million for the HSE, specifically to enhance respite care in the disability sector. In accordance with the National Service Plan for 2018, the HSE committed to providing:

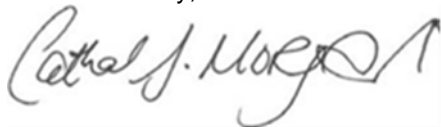
- An additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 (€5m).
- Three additional respite houses in the greater Dublin areas (CHOs 7, 8 and 9) to support a further 225 individuals in a full year and 143 in 2018 (€3m).
- Alternative models of respite to support 250 individuals with disability (€2m).

The funding provided for the equivalent of 12 new houses, 1 in each CHO, and 3 in the Greater Dublin area. This resulted in an additional 6,455 bed nights delivered to 763 people.

Alternative respite in the form of summer camps, evening and Saturday clubs were also put in place, benefiting hundreds of adults and children. Community-Based, alternative respite projects delivered 15,144 'in home' Respite Hours, to 400 users and 1,296 Saturday/Evening/Holiday Club 'sessions' to 1,500 people.

Approximately €56 million was spent on respite services in 2019, providing around 160,000 overnight respite and 36,000 day only respite sessions to over 6,000 people with a disability. To increase this level of service provision by providing 8,000 additional day respite sessions and 21,500 additional overnight respite sessions would cost between €12.2 million and €20 million approximately. However, it should be noted that this was prior to the onset of the COVID-19 pandemic; the HSE, in conjunction with Service Providers are currently working on service resumption plans and will have more information in respect of revised costs when that process is complete.

Yours sincerely,



**Dr. Cathal Morgan,**  
**Head of Operations - Disability Services,**  
**Community Operations**